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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/081,400	02/20/2002	Michael Young	10275-041002	3033	
31904	7590 02/22/2005	EXAMINER			
GTC BIOTHERAPEUTICS, INC. 175 CROSSING BOULEVARD, SUITE 410			WOITACH, JOSEPH T		
	ING BOOLEVARD, SUI IAM, MA 01702	1E 410	ART UNIT	PAPER NUMBER	
	,		1632		
			DATE MAILED: 02/22/2005	5	

Please find below and/or attached an Office communication concerning this application or proceeding.



## UNITED STATES DEPARTMENT OF COMMERCE

USCOMM-DC 82-3838-P82

			Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231					
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INFOR	RMALITY RE PAY	MENT OF FEE		-				
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١.		The amendment is considered incomplete in that the funds in Deposit Account No. 502092 are insufficient to cover the entire fee due. The balance is due within the period set below.
2.		The amendment is considered an incomplete response, in that payment of \$ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3.		The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposi Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance o authorization is due within the period set below.
4.		The filing fee of \$ submitted in this application is insufficient.
		A balance of \$ is due for additional claims.
5.		
		APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (I) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$
В.	EXC	ESS PAYMENT:
5.		It is noted that payment of \$ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.
		This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

PTOL-319 (REV. 3-82)